

Foster Family Home - Corrective Action Report

Provider ID: 1-614108

Home Name: Rowena S. Agustin, CNA

Review ID: 1-614108-7

94-359 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/19/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 4/19/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN for CG#2 lapsed on 8/15/19 renewed on 10/3/19; CG#3 lapsed on 6/5/18 renewed on 8/13/18; CG#4's APS/CAN lapsed on 12/26/19 renewed on 1/7/2020 and Ecrim lapsed on 12/18/19 renewed on 12/19/19; CG#5's APS/CAN lapsed on 2/22/2020 renewed on 3/3/2020; CG#7 lapsed on 12/29/18 renewed on 1/4/19.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2 did not conduct a Fire Drill for the past 12 months.

Maribel Nakamine, RN

Compliance Manager

3/19/2020

Date

Rowena S. Agustin

Primary Care Giver

3/19/2020

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Rowena Agustin

CCFFH Address: 94-359 Honowai St, Waipahu, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1),(2)	lapse cannot be corrected	3/20/2020	I will use calendar to input all due dates to prevent any future lapses
(3P)(b)(6) Fire	Fire drill was done by CG #2 on 3/20/2020. Form has been filed in the home binder.	3/20/2020	I understand that Fire Drill will be done by each caregiver at least once a year. I developed a schedule I wrote it down on my calendar.

Primary Caregiver's Signature: 

Print Name: ROWENA AGUSTIN

Date of Signature: 4/17/2020